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9		DICTRICT COLDT
10	UNITED STATES DISTRICT COURT	
10	DISTRICT OF NEVADA	
11		
12	UNITED STATES OF AMERICA,	CRIMINAL INFORMATION
13	Plaintiff,	Case No.: 2:20-cr-00235-JAD-NJK
14	v.	VIOLATION:
15	MAHOGANY BOYD,	Title 18, United States Code, Section 1349 –
	Defendant.	Conspiracy to Commit Health Care Fraud
16	Defendant.	
17		- -
18		
10	The United States Attorney charges that, at all times relevant to this Information:	
19	BACKGROUND	
20	1 Defendent Mahagany POVD was a ment arrow of Second Changes Billing	
21	1. Defendant Mahogany BOYD was a part owner of Second Chances Billing	
22	("SCB"), a business purporting to provide billing services for health care providers	
44	administering psychological counseling services.	
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- Nevada Medicaid was a health care benefit program administered by the
- Nevada Medicaid was required to pay authorized health care providers only

SCHEME TO DEFRAUD

- Defendant BOYD knowingly and willfully devised and executed a scheme and artifice to defraud Nevada Medicaid and to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the property owned by, or under the custody
- It was part of the scheme and artifice to defraud, that defendant BOYD caused SCB to falsely and fraudulently bill Nevada Medicaid for services not rendered by billing for more counseling hours than were, in truth and in fact, actually provided, knowing that Nevada Medicaid would rely upon the false and fraudulent bills when paying

COUNT ONE

Conspiracy to Commit Health Care Fraud (18 U.S.C. § 1349)

- Paragraphs 1 through 5 are incorporated herein in full.
- From in or about March 2016, to in or about March 2018, in the State and

MAHOGANY BOYD,

defendant herein, with others known and unknown, did combine, conspire, confederate, and agree to commit the offense of health care fraud, in violation of Title 18, United States

The object of the conspiracy was to knowingly and willfully execute a 8. scheme or artifice to defraud a health care benefit program, as described above, and to obtain, by means of false and fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program, as further described above, all in connection with the delivery and payment for health care benefits, items, and services. All in violation of Title 18, United States Code, Section 1349. day of September, 2020. **DATED:** this NICHOLAS A. TRUTANICH United States Attorney CHRISTOPHER BURTON STEVEN W. MYHRE Assistant United States Attorneys